



POWER OF ATTORNEY

	DATE		
I hereby appoint	(Name)		
	(Name)		
of(Street Address)	(City)	(State)	(Zip Code)
as my attorney in fact to sig		ble documenta	-
any title or registration tran	sactions for the vehicle des	scribed herein:	
Make	VIN		
Model	Body Type		Year
Check the appropriate box for	or each transaction request	ted:	
	_		
Duplicate Title			
Noting of Lien	Application for Title	and Registration	on [
	(Signature of Owner)		
STATE OF TENNESSEE			
County of			
Personally appeared	before me, the undersigned	d	
authority.			. with whom I
authority,have identified, who acknow the purpose therein contains		instrument wa	as executed for
• •			
		(Notary Public)	
My commission expires:			
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NOTE: Dealers must use secured power of attorney (SF-1243) when transferring ownership for vehicles ten (10) years or newer, if the certificate of title is lost or held by the lienholder.